

# Fee-for-Service Portal Submission CMS-1500 Secondary Claims

Indiana Health Coverage Programs  
Gainwell Technologies  
IHCP Works Seminar – October 2022



# Agenda

- Advantages to Secondary Claim Submission on the Portal
- Is Primary Explanation of Benefits (EOB) Required?
- *Other Insurance* (Third-Party Liability) on the Portal
- Medicare or Medicare Advantage Plan Information on the Portal
- Claim Attachments
- *Other Insurance* (TPL) Updates on the Portal
- Reminder
- Helpful Tools
- Questions



# **Advantages to Secondary Claim Submission on the Portal**



# Advantages to Secondary Claim Submission on the Portal

- ***Immediate*** claim status result
- Faster payment
- Easy and efficient
- Electronic attachments
- No additional forms to complete
- No postage costs

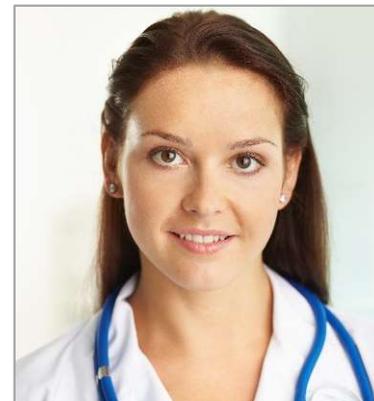


# Is Primary EOB Required?



# Primary EOB **IS** Required for *Other Insurance* (TPL)

- When the third-party liability (TPL) carrier has **DENIED** the service as *noncovered*
  - *Exception* – If the **TPL primary EOB contains an acceptable denial adjustment reason code (ARC)**, the secondary windows can be completed with the ARC code, and no EOB is required
- When TPL carrier has applied the *entire* amount to the copay, coinsurance, or deductible – **PAID** at \$0.00



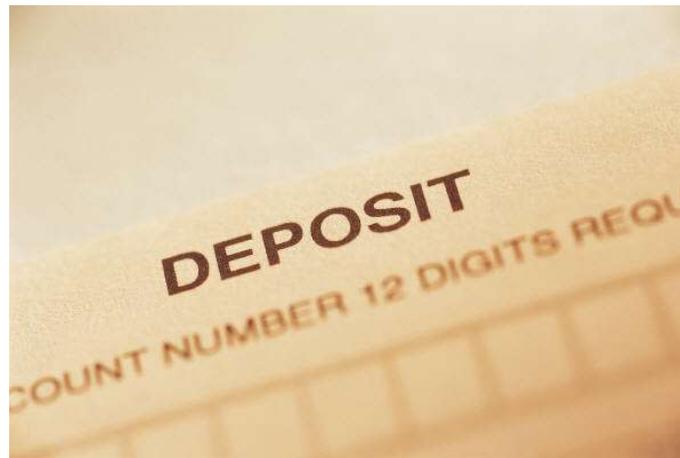
- Services that are **NONCOVERED** by the primary insurance are **NOT** filed as a secondary claim.
- The secondary windows may be completed to bypass the need for the primary EOB attachment for **Commercial Insurance CLAIMS only.**



# Primary EOB **IS NOT** Required for *Other Insurance* (TPL)

When the primary insurance **COVERS** the service and has made a **PAYMENT** on the claim:

- Actual dollars were received
- Balance is applied to deductible, copayment, or coinsurance



# Primary EOB *IS* Required for *Medicare/Medicare Advantage Plans*

When Medicare or the Medicare Advantage Plan ***DENIES*** the service

- Services that are ***NONCOVERED*** by the primary insurance are ***NOT*** filed as a secondary claim.
- **Reminder:** When Advantage Plan EOB is required, write ***MEDICARE ADVANTAGE PLAN*** on the EOB.



# Primary EOB **IS NOT** Required for *Medicare/Medicare Advantage Plans*



When the Medicare or Medicare Advantage Plan **COVERS** the service:

- Actual dollars were received, *OR*
- Entire or partial amount was applied to deductible, coinsurance, or copay

# ***Other Insurance (TPL) Information*** **on the Portal**



# Other Insurance (TPL)

## VERIFY ELIGIBILITY

| Other Insurance Details        |   |                |           |          |               |               |
|--------------------------------|---|----------------|-----------|----------|---------------|---------------|
| Carrier Name<br>(Carrier ID)   | Address   | Phone Number   | Policy ID | Group ID | Policy Holder | Coverage Type |
| ADVANCED PARADIGM<br>(0013197) | 909 E COLLINS BLVD<br>TPL<br>RICHARDSON, TX 75081 |                |           |          |               | PHARMACY      |
| ANTHEM BC/BS<br>(0013444)      | PO BOX 105187<br>ATLANTA, GA 30348                | 1-800-676-2583 |           |          |               | MEDICAL       |

- The TPL reported on the claim should match what is on the eligibility:
  - If it does not, a TPL update should be submitted (Exception – Pharmacy information)



# Other Insurance (TPL) – Header

**Claim Information**

Claim Header Instructions

|                       |                      |   |                      |                      |  |
|-----------------------|----------------------|---|----------------------|----------------------|--|
| Hospital From Date    | <input type="text"/> |   | Hospital To Date     | <input type="text"/> |  |
| Date Type             | <input type="text"/> | ▼ | Date of Current      | <input type="text"/> |  |
| Accident Related      | <input type="text"/> | ▼ | Authorization Number | <input type="text"/> |  |
| *Patient Number       | <input type="text"/> |   | Special Program      | <input type="text"/> |  |
| Medical Record Number | <input type="text"/> |   |                      |                      |  |

\*Does the provider have a signature on file?  Yes  No

\*Does the provider accept assignment for claim processing?  Yes  No  Clinical Lab Services Only

\*Are benefits assigned to the provider by the patient or their authorized representative?  Yes  No  N/A

\*Does the provider have a signed statement from the patient releasing their medical information?  Yes  No

Include Other Insurance

Total Charged Amount \$0.00

**Continue** **Cancel**

*If the primary insurance covers the service, check the box.*



# Other Insurance (TPL) – Header

**Other Insurance Details**

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

| #                 | Carrier Name | Carrier ID | Group ID | TPL/Medicare Paid Amount | Paid Date | Action                 |
|-------------------|--------------|------------|----------|--------------------------|-----------|------------------------|
| <a href="#">1</a> |              |            |          |                          | -         | <a href="#">Remove</a> |

[+](#) Click to add a new other insurance.

[Back to Step 1](#) [Continue](#) [Cancel](#)

- Verify that the carrier name shows the correct insurance
- Remove any insurance that should not be listed
- Click the **1** by the carrier name to complete the information

Click the **+** to add the correct TPL if not listed

# Other Insurance (TPL) – Header

The TPL carrier ID can be the same as the carrier name

**\*Carrier Name** AETNA **\*Carrier ID** AETNA

Carrier Address

City State ZIP Code

**\*Policy Holder Last Name** **\*First Name** MI

Policy Holder Address

City State ZIP Code Country Code

**\*Policy ID** SSN

**\*Relationship to Patient** **\*Claim Filing Code**

Group ID Policy Name

TPL/Medicare Paid Amount **Paid Date**

Claim ID

Referral Number

Paid amount on the ENTIRE claim

# Other Insurance (TPL) – Header

\*Policy Holder Last Name  \*First Name  MI

Policy Holder Address

City  State  ZIP Code  Country Code

\*Policy ID  SSN

\*Relationship to Patient  \*Claim Filing Code

Group ID

TPL/Medicare Paid Amount

Claim ID

Referral Number

Policy Name

Paid Date

Authorization Number

- 01-Spouse
- 18-Self
- 19-Child
- 20-Employee
- 21-Unknown
- 39-Organ Donor
- 40-Cadaver Donor
- 53-Life Partner

- 16-Health Maintenance Organization (HMO)
- 17-Dental Maintenance Organization
- AM-Automobile Medical
- BL-Blue Cross/Blue Shield
- CH-Champus
- CI-Commercial Insurance Co.
- DS-Disability
- FI-Federal Employees Program

How the member is related to the person who holds the insurance

Always “**CI**” for TPL

# Other Insurance (TPL) – Detail

## Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

| #                 | From Date | To Date | Place of Service | Procedure Code                    | Charge Amount | Units     | Action                 |
|-------------------|-----------|---------|------------------|-----------------------------------|---------------|-----------|------------------------|
| <a href="#">1</a> |           |         | 11-Office        | 99213-OFFICE/OUTPATIENT VISIT EST | \$100.00      | 1.00 Unit | <a href="#">Remove</a> |

## Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

| # | Carrier ID | Date | Action |
|---|------------|------|--------|
|---|------------|------|--------|

Click to collapse.

Paid amount and paid date required

\*Other Carrier

\*TPL/Medicare Paid Amount

\*Paid Date

## NDC for Service Detail

## Note for Service Detail

Repeat process for *all* service details

# Other Insurance (TPL)

Claim adjustment information is **NOT** completed for TPL at Header or Detail

### Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

| #   | Claim Adjustment Group Code | Reason Code | Adjustment Amount   | Units | Action |
|---|-----------------------------|-------------|---|-------|--------|
| <input type="checkbox"/> Click to collapse.                                 |                             |             |   |       |        |
| *Claim Adjustment Group Code <input type="text"/>                           |                             |             |   |       |        |
| *Reason Code <input type="text"/>   |                             |             |   |       |        |
| *Adjustment Amount <input type="text"/> Adjusted Units <input type="text"/> |                             |             |   |       |        |
| <input type="button" value="Add"/> <input type="button" value="Cancel"/>    |                             |             |   |       |        |
| <input type="button" value="Save"/> <input type="button" value="Cancel"/>   |                             |             |   |       |        |
| <input type="checkbox"/> Click to add a new other insurance.                |                             |             |   |       |        |
| <input type="button" value="Back to Step 1"/>                               |                             |             | <input type="button" value="Continue"/> <input type="button" value="Cancel"/> |       |        |

# Medicare or Medicare Advantage Plan Information on the Portal



# Medicare/Medicare Advantage Plan

## **VERIFY ELIGIBILITY**

| Other Insurance Details <input type="checkbox"/> |         |              |           |          |               |                 |
|--|---------|--------------|-----------|----------|---------------|-----------------|
| Carrier Name (Carrier ID)                        | Address | Phone Number | Policy ID | Group ID | Policy Holder | Coverage Type   |
| Medicare   |         |              |           |          |               | MEDICARE A      |
| Medicare   |         |              |           |          |               | MEDICARE B      |
| Medicare   |         |              |           |          |               | MEDICARE PART D |

Medicare Advantage Plans should **NOT** show on the eligibility.

# Medicare/Medicare Advantage Plan Header

**Claim Information**

Claim Header Instructions

|                       |                      |   |                      |                      |   |
|-----------------------|----------------------|---|----------------------|----------------------|---|
| Hospital From Date    | <input type="text"/> | <input type="button" value="Calendar"/> | Hospital To Date     | <input type="text"/> | <input type="button" value="Calendar"/> |
| Date Type             | <input type="text"/> | ▼                                       | Date of Current      | <input type="text"/> | <input type="button" value="Calendar"/> |
| Accident Related      | <input type="text"/> | ▼                                       | Authorization Number | <input type="text"/> |   |
| *Patient Number       | <input type="text"/> |   | Special Program      | <input type="text"/> |   |
| Medical Record Number | <input type="text"/> |   |                      |                      |   |

\*Does the provider have a signature on file?  Yes  No

\*Does the provider accept assignment for claim processing?  Yes  No  Clinical Lab Services Only

\*Are benefits assigned to the provider by the patient or their authorized representative?  Yes  No  N/A

\*Does the provider have a signed statement from the patient releasing their medical information?  Yes  No

Include Other Insurance

Total Charged Amount \$0.00

*If the primary insurance covers the service, check the box.*

# Medicare/Medicare Advantage Plan Header

**Other Insurance Details**

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

| #                 | Carrier Name | Carrier ID | Group ID | TPL/Medicare Paid Amount | Paid Date | Action                 |
|-------------------|--------------|------------|----------|--------------------------|-----------|------------------------|
| <a href="#">1</a> |              |            |          |                          | -         | <a href="#">Remove</a> |

[+](#) Click to add a new other insurance.

[Back to Step 1](#) [Continue](#) [Cancel](#)

- Verify that the carrier name shows the correct insurance
- Remove any insurance that should not be listed
- Click the **1** by the carrier name to complete the information

Click the **+** to add the correct TPL if not listed

# Medicare/Medicare Advantage Plan Header

## Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

| # | Carrier Name | Carrier ID | Group ID | TPL/Medicare Paid Amount | Paid Date | Action |
|---|--------------|------------|----------|--------------------------|-----------|--------|
|---|--------------|------------|----------|--------------------------|-----------|--------|

Click to collapse.

\*Carrier Name

\*Carrier ID

**Medicare Advantage Plan name and carrier ID can be the name of the plan  
Example: UHC**

\*Policy Holder Last Name

\*First Name

MI

Policy Holder Address

City

State

ZIP Code

Country Code

\*Policy ID

SSN

\*Relationship to Patient

\*Claim Filing Code

Group ID

TPL/Medicare Paid Amount

**Paid amount on the ENTIRE claim**

Claim ID

Referral Number

Authorization Number

# Medicare/Medicare Advantage Plan Header

\*Policy Holder Last Name  \*First Name  MI

Policy Holder Address

City  State  ZIP Code  Country Code

\*Policy ID  SSN

\*Relationship to Patient  Claim Filing Code

Group ID  Policy Name

TPL/Medicare Paid Amount  Paid Date

Claim ID

Referral Number  Authorization Number

- 01-Spouse
- 18-Self
- 19-Child
- 20-Employee
- 21-Unknown
- 39-Organ Donor
- 40-Cadaver Donor
- 53-Life Partner

- 15-Indemnity Insurance
- 16-Health Maintenance Organization (HMO) Medicare Risk
- 17-Dental Maintenance Organization
- AM-Automobile Medical
- BL-Blue Cross/Blue Shield
- MB-Medicare Part B
- OF-Other Federal Program
- TV-Title V

**“16” – Medicare Advantage Plans**  
**“MB” – Medicare B**

# Medicare/Medicare Advantage Plan Header

## Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

| #        | Carrier Name | Carrier ID | Group ID | TPL/Medicare Paid Amount | Paid Date | Action                 |
|----------|--------------|------------|----------|--------------------------|-----------|------------------------|
| <u>1</u> | Medicare     | 08102      |          | \$25.00                  | -         | <a href="#">Remove</a> |

Click to add a new other insurance.

## Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

| # | Claim Adjustment Group Code | Reason Code | Adjustment Amount | Units | Action |
|---|-----------------------------|-------------|-------------------|-------|--------|
|---|-----------------------------|-------------|-------------------|-------|--------|

Click to collapse.

\*Claim Adjustment Group Code

\*Reason Code

\*Adjustment Amount  Adjusted Units

PR – Patient responsibility

[Add](#)

[Cancel](#)

Adjustment amount is the patient responsibility on the **ENTIRE** claim

- 1 – Deductible amount
- 2 – Coinsurance amount
- 3 – Copayment amount

[Save](#)

[Cancel](#)

Click to add a new other insurance.

[Back to Step 1](#)

[Continue](#)

[Cancel](#)

# Medicare/Medicare Advantage Plan Detail

| Service Details   |           |         |                  |                                   |               |           |                        |
|---|-----------|---------|------------------|-----------------------------------|---------------|-----------|------------------------|
| Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row. |           |         |                  |                                   |               |           |                        |
| #   | From Date | To Date | Place of Service | Procedure Code                    | Charge Amount | Units     | Action                 |
| 1   |           |         | 11-Office        | 99213-OFFICE/OUTPATIENT VISIT EST | \$100.00      | 1.00 Unit | <a href="#">Remove</a> |

| Other Insurance for Service Detail   |                      |            |                      |
|--|----------------------|------------|----------------------|
| Click the row number to edit the row. Click the <b>Remove</b> link to remove the entire row. |                      |            |                      |
| #  | Carrier ID           |            | Action               |
| Click to collapse.   |                      |            |                      |
| *Other Carrier   | <input type="text"/> |            |                      |
| *TPL/Medicare Paid Amount  | <input type="text"/> | *Paid Date | <input type="text"/> |
| <input type="button" value="Add"/> <input type="button" value="Cancel"/>                     |                      |            |                      |

**Paid amount and paid date required for each detail**

# Medicare/Medicare Advantage Plan Detail

## Other Insurance Details

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

Click the **Remove** link to remove the entire row.

[Refresh Other Insurance](#)

| #        | Carrier Name | Carrier ID | Group ID | TPL/Medicare Paid Amount | Paid Date | Action                 |
|----------|--------------|------------|----------|--------------------------|-----------|------------------------|
| <u>1</u> | Medicare     | 08102      |          | \$25.00                  | -         | <a href="#">Remove</a> |

Click to add a new other insurance.

## Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

Click the **Remove** link to remove the entire row.

| # | Claim Adjustment Group Code | Reason Code | Adjustment Amount | Units | Action |
|---|-----------------------------|-------------|-------------------|-------|--------|
|---|-----------------------------|-------------|-------------------|-------|--------|

Click to collapse.

\*Claim Adjustment Group Code

\*Reason Code

\*Adjustment Amount

Adjusted Units

[Add](#)

[Cancel](#)

[Save](#)

[Cancel](#)

PR – Patient responsibility

Adjustment amount is the patient responsibility  
**ON JUST THIS DETAIL**

- 1 – Deductible amount
- 2 – Coinsurance amount
- 3 – Copayment amount

Click to add a new other insurance.

[Back to Step 1](#)

Repeat process for *all* service details

[Continue](#)

[Cancel](#)

# Claim Attachments



# Claim Attachments

When the primary EOB is required, use the “Attachments” feature

**Attachments**

Click the **Remove** link to remove the entire row.

| # | Transmission Method | File | Control # | Attachment Type | Action |
|---|---------------------|------|-----------|-----------------|--------|
|---|---------------------|------|-----------|-----------------|--------|

Click to collapse.

\*Transmission Method

\*Upload File  No file chosen

\*Attachment Type

Submit electronically through file transfer

Search for the file from the documents saved in your files:

- Attachment file size limit is 5 MB, and valid file types for upload include .bmp, .gif, .jpg, .jpeg, .pdf, .png, .tif and .tiff
- Word and Excel files are not valid

# Claim Attachments

| Attachments   |  |
|---|--|
| Click the <b>Remove</b> link to remove the  |  |
| #   | Transmission Method  |
| <input type="checkbox"/> Click to collapse.   |  |
| *Transmission Method  | BT-Blanket Test Results  |
| *Upload File  | CB-Chiropractic Justification  |
| *Attachment Type  | CK-Consent Form(s)   |
|   | CT-Certification   |
|   | D2-Drug Profile Document   |
|   | DA-Dental Models   |
|   | DB-Durable Medical Equipment Prescription  |
|   | DG-Diagnostic Report   |
|   | DJ-Discharge Monitoring Report   |
|   | DS-Discharge summary   |
|   | <b>EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer)</b> |
|   | EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer) ▼      |
| <input type="button" value="Add"/> <input type="button" value="Cancel"/>  |  |
| Claim Note Information  |  |
| <input type="button" value="Back to Step 1"/> <input type="button" value="Back to Step 2"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/> |  |

# Submit the Claim

SA SERVICES INC. INDIANA MEDICAID for Providers

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | Care Management | Resources | Switch Provider

Claims > Claim Receipt

Delegate for Role IDs

**Submit Professional Claim: Confirmation**

Professional Claim Receipt

Your Professional Claim was successfully submitted. The claim status is Finalized **Payment/Denied**

The Claim ID is **[Redacted]**

Click **Print Preview** to view the claim details as they have been saved on the payer's system.  
Click **Copy** to copy member or claim data.  
Click **New** to submit a new claim.

**Print Preview** **Copy** **New**

Attachments may cause the claim to be ***Pending in Process***

# ***Other Insurance*** **(TPL) Updates on the Portal**



# TPL Updates Using Secure Correspondence

The screenshot shows the Indiana Medicaid for Providers website. At the top, there is a navigation bar with links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. Below this, there is a 'Delegate for' section with a dropdown menu set to 'Provider - In Network'. On the left side, there are two main sections: 'User Details' and 'Provider'. The 'User Details' section includes a 'Welcome' message and links for 'My Profile' and 'Switch Provider'. The 'Provider' section includes a 'Name' field and a 'Provider ID' field, with a 'Provider Maintenance' link below. In the center, there is a 'WELCOME HEALTH CARE PROFESSIONAL!' message and a photograph of two healthcare professionals. On the right side, there are three links: 'Contact Us', 'Notify Me', and 'Secure Correspondence'. The 'Secure Correspondence' link is highlighted with a red rectangular box.

Secure Correspondence is a delegate function assigned when the delegate is added to a service location.

# TPL Updates Using Secure Correspondence

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us.

[Create New Message](#)

Total Records: 11

| <u>Status</u> | <u>Subject</u> | <u>Message Category</u> | <u>Date Opened</u> ▼ | <u>Date Closed</u> |
|---------------|----------------|-------------------------|----------------------|--------------------|
| Closed        |                | TPL Update              |                      |                    |
| Closed        |                | TPL Update              |                      |                    |
| Closed        |                | TPL Update              |                      |                    |
| Closed        |                | TPL Update              |                      |                    |
| Closed        |                | TPL Update              |                      |                    |

- Previously submitted correspondence messages and status are listed
- Responses are specific to the service location the correspondence was submitted under



# TPL Updates Using Secure Correspondence

Secure Correspondence - Create Message

[Back to Message Box](#)

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence Message - Box

\* Indicates a required field.



\*Subject

\*Message Category

\*Email Address

\*Confirm Email Address

Member ID

Claim Number

Date of Service

To

Medicaid Paid Amount

Paid Date

Provider/Facility

\*Message

- Appeal
- Banking/Financial/RA
- Claim Inquiry
- Coverage Inquiry
- Enrollment
- Other
- Portal Assistance
- TPL Update**
- Administrative Review Request

The following types of files are allowed to be uploaded: pdf, bmp, gif, jpg, jpeg, tiff, tif, png  
Size limit for attachments is 5MB.

# TPL Updates Using Secure Correspondence

**Secure Correspondence - Create Message** [Back to Message Box](#) ?

Enter your correspondence information below and click the **Send** button to send the correspondence or click **Cancel** to return to Secure Correspondence Message - Box

\* Indicates a required field.

\* Subject

\* Message Category

\* Email Address

\* Confirm Email Address

Member ID

Claim Number

Date of Service   To

Medicaid Paid Amount

Paid Date

Provider/Facility

\* Message



# TPL Updates Using Secure Correspondence

Add any available attachments to support the request.

**Attachments**

Click the **Remove** link to remove the entire row.

| #   | Transmission Method | File | Control # | Attachment Type | Action                                     |
|---|---------------------|------|-----------|-----------------|--|
| Click to collapse.  |                     |      |           |                 |  |
| *Transmission Method <input type="text" value="FT-File Transfer"/>        |                     |      |           |                 |  |
| *Upload File <input type="button" value="Choose File"/> No file chosen    |                     |      |           |                 |  |
| *Attachment Type <input type="text" value=""/>                            |                     |      |           |                 |  |
| <input type="button" value="Add"/> <input type="button" value="Cancel"/>  |                     |      |           |                 | <input type="button" value="Attachments"/> |
| <input type="button" value="Send"/> <input type="button" value="Cancel"/> |                     |      |           |                 |  |

The dropdown menu for Attachment Type is open, showing the following options:

- 01-Primary payer EOBs, including Medicare
- 02-Invoices or MSRP
- 03-Medical records
- 04-Consent forms
- 05-Remittance Advice (RA)
- 06-Screen prints
- 07-Admin Review Request Form
- 08-Claim/Correspondence
- 09-Other

# Reminder



# Claim Filing Limit

**Reminder!!!**

The timely filing limit for all claims is  
180 days

Not six months- Count the days!

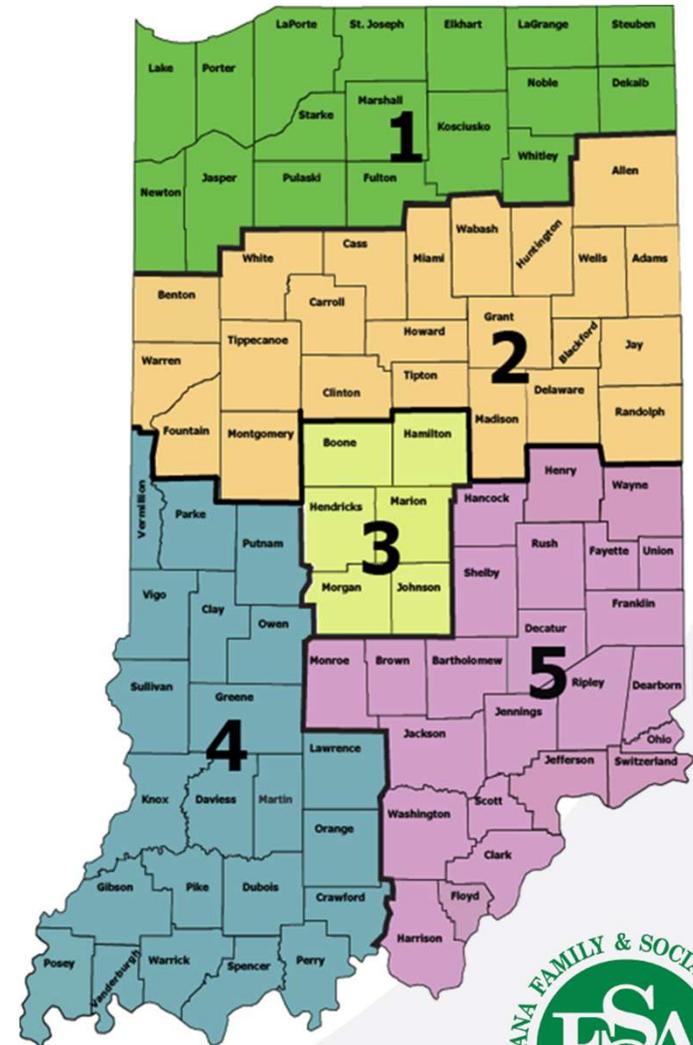


# Helpful Tools



# Helpful Tools

| Region | Consultant  | Telephone    | Counties Served  |
|--------|---|--------------|--|
| 1      | Jean Downs (F)<br>Katie Grause (I)<br><a href="mailto:inxixregion1@gainwelltechnologies.com">inxixregion1@gainwelltechnologies.com</a>          | 317.488.5071 | Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley  |
| 2      | Shari Galbreath (F)<br><a href="mailto:inxixregion2@gainwelltechnologies.com">inxixregion2@gainwelltechnologies.com</a>                         | 317.488.5080 | Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White              |
| 3      | Crystal Woodson (F)<br>Jeannette Curtis (I)<br><a href="mailto:inxixregion3@gainwelltechnologies.com">inxixregion3@gainwelltechnologies.com</a> | 317.488.5321 | Boone, Hamilton, Hendricks, Johnson, Marion, Morgan  |
| 4      | Jenny Roberts (F)<br>Emily Redman (I)<br><a href="mailto:inxixregion4@gainwelltechnologies.com">inxixregion4@gainwelltechnologies.com</a>       | 317.488.5153 | Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick                              |
| 5      | Tami Foster (F)<br>Jen Collins (I)<br><a href="mailto:inxixregion5@gainwelltechnologies.com">inxixregion5@gainwelltechnologies.com</a>          | 317.488.5186 | Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne |



# Helpful Tools

## **IHCP website at [in.gov/medicaid/providers](http://in.gov/medicaid/providers):**

- *IHCP Provider Reference Modules*
- Contact Us – Provider Relations Field Consultants

## **Customer Assistance available:**

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
- 1-800-457-4584

## **Secure Correspondence:**

- Via the Provider Healthcare Portal  
*(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)*



# Questions?

